



Office of Admissions

Westminster Theological Seminary

P.O. Box 27009, Philadelphia, Pennsylvania 19118
800-373-0119 • Fax: 215-887-5404 • www.wts.edu

REQUEST FOR COLLEGE TRANSCRIPT

Applicant: Please photocopy this form, complete it (including signature), and send it to each college, university, seminary, or learning institution you have attended after high school at which you have completed at least twelve (12) semester hours.

Note: Some institutions charge a small fee to send transcripts and need a written request. Contact the Registrar's Office at each institution to find out what fee to include with your request.

TO: _____
registrar

name of institution

address of institution

Registrar: Please send an OFFICIAL academic transcript in a sealed envelope to me at the following address:

name by which I attended your institution

street address

city, state, zip

years of attendance

degree(s) earned

Social Security number

date of birth

applicant's signature

applicant's name (printed)